

County: Calhoun

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
MYERS RESIDENTIAL CARE FACILITY	Calhoun / Partnership	5
365 CALDON RD	365 CALDON RD	
SWANSEA, SC 29160-9541 FAC.#:803-568-3582	SWANSEA, SC 29160-9541	
MYERS, LOUISE PH#: 803-568-3582	LOUISE AND DAVID MYERS JR	
Facility Email: MYERSRCF@PBTCOMM.NET	CRC-0644 / 08/31/2014	
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		

MYERS RESIDENTIAL CARE FACILITY II	Calhoun / Partnership	7
365 CALDON RD	365 CALDON RD	
SWANSEA, SC 29160-9541 FAC.#:803-568-3582	SWANSEA, SC 29160-9541	
MYERS, LOUISE PH#: 803-568-3582	LOUISE AND DAVID MYERS JR	
Facility Email: MYERSRCF@PBTCOMM.NET	CRC-0851 / 01/31/2015	
Alzheimer Care: No Max # Resident: 0	Alzheimer Unit: No Max # Beds: 0	
Certifications: None		

Totals For Facility/License Type: Community Residential Care Facility
Number of Activities/Facilities licensed: 2 Number Licensed Units: 12

County: Calhoun

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
FLORENCE GRESSETTE RESIDENCE 402 MILLIGAN CIR SAINT MATTHEWS, SC 29135-9422 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0196 / 06/30/2014	8
WYLIE BRUNSON RESIDENCE 88 SUNFLOWER RD SAINT MATTHEWS, SC 29135-8423 FAC.#:803-874-2664 MOSS, R PIKE PH#: 803-874-2664 Facility Email: PMOSS@CALHOUNSNB.ORG	Calhoun / State PO BOX 4706, CO-DEPT OF DISABILITIES & SPECIAL NEEDS COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS MR15-0228 / 06/30/2014	8

Totals For Facility/License Type: Habilitation R15Number of Activities/Facilities licensed: 2 Number Licensed Units: 16

County: Calhoun

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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CALHOUN CONVALESCENT CENTER	Calhoun / Corporation	120
601 DANTZLER ST	PO BOX 157	
SAINT MATTHEWS, SC 29135-1522 FAC.#:803-655-7101	SAINT MATTHEWS, SC 29135-0157	
KIZER, MELISSA R PH#: 803-655-7101	CALHOUN CONVALESCENT CENTER INC	
Facility Email: TRACYB@HEALTHCARECORP.NET	NCF-0505 / 01/31/2015	

Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

Alzheimer Care:No Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

Totals For Facility/License Type: Nursing HomeNumber of Activities/Facilities licensed: 1 Number Licensed Units: 120

Number of Activities/Facilities licensed in county of	<u>Calhoun</u>	# Lics: <u>5</u>
	Number Licensed Units :	<u>148</u>

Report Totals:

Total Number of Activities/Facilities licensed 5 Total Number Licensed Units: 148